Attorney
Docket No.: KSPAR-002XX

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A PROCESS FOR ISOLATION OF HEPATOPROTECTIVE AGENT "OLEANOLIC ACID" FROM LANTANA CAMARA

The s	specification of wh	ich (check one):			
[X]	is attached hereto	[] was filed on	as Applicatior (if applica	No ble).	<u>;</u>
[] v	was filed as PCT Int and was amended unde	cernational. Appl. No	on (if applicab	le).	
I he: speci	reby state that I fication, including	have reviewed and under g the claims, as amended	rstand the contents of the by any amendment referre	he above-id d to above.	entified
I acl this	knowledge the duty application in acco	to disclose information ordance with Title 37, C	n which is material to the code of Federal Regulation	ne patentab s §1.56(a).	ility of
appli belov	.cation(s) for pate nany foreign appli	nt or inventor's certif	er Title 35, USC \$119(a)- icate listed below and ha inventor's certificate ha y is claimed:	ave also id	entified
	Prior Foreign Ap	plication(s)	Date Filed	Priority	Claimed
	(Number)	(Country)	(Day/Month/Year)	_ [] Yes	
	(Number)	(Country)	(Day/Month/Year)	_ [] Yes	
	(Number)	(Country)	(Day/Month/Year)	_ [] Yes	[] No
I hen appli	ceby claim the bene cation(s) listed be	efit under Title 35, US elow:	SC §119(e) of any United	States pro	visional
	(Application Num	ber)	(Filing Date)		
	(Application Num	ber)	(Filing Date)		
	(Application Num	ber)	(Filing Date)		

Express	Mail	Number
EV 044	75170	s us

Attorney
Docket No.: KSPAR-002XX

I hereby claim the benefit under Title 35 USC §120 of any United States or International application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Stanley M. Schurgin, Reg. No. 20,979 Charles L. Gagnebin III, Reg. No. 25,467 Victor B. Lebovici, Reg. No. 30,864 Beverly E. Hjorth, Reg. No. 32,033 Holliday C. Heine, Reg. No. 34,346 Gordon R. Moriarty, Reg. No. 38,973 James F. Thompson, Reg. No. 36,699 Richard E. Gamache, Reg. No. 39,196

Address all correspondence to: Customer Number: 207

WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP

Ten Post Office Square Boston, Massachusetts 02109 Telephone: (617) 542-2290 Telecopier: (617) 451-0313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First/Sole Inventor: Santosh Kumar Srivastava			
City of Residence	State or Country	Country of Citizenship	
Lucknow	India	India	
Post Office Address	City	State or Country Zip Code	
Central Institute of Medicinal and Aromatic Plants, P.O. CIMAP, Lucknow - 226015, Uttar Pradesh, INDIA	Lucknow - 226015, Uttar Pradesh	INDIA	
Signature: (Please sign and dat	Date signed:		
x		x	

Sheet 3 of 3

Attorney
Docket No.: KSPAR-002XX

Full Name of Second/Joint Inventor: Merajuddin Khan			
City of Residence	State or Country India	Country of Citizenship	
Post Office Address Central Institute of Medicinal and Aromatic Plants, P.O. CIMAP, Lucknow - 226015, Uttar Pradesh, INDIA	City Lucknow - 226015, Uttar Pradesh	State or Country Zip Code INDIA	
Signature: (Please sign and date in permanent ink.) X		Date signed:	

Full Name of Third/Joint Inventor: Suman Preet Singh Khanuja			
City of Residence	State or Country	Country of Citizenship	
Lucknow	India	India	
Post Office Address	City	State or Country Zip Code	
Central Institute of Medicinal and Aromatic Plants, P.O. CIMAP, Lucknow - 226015, Uttar Pradesh, INDIA	Lucknow - 226015, Uttar Pradesh	INDIA	
Signature: (Please sign and dat	Date signed:		
x		x	